

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	74		6 30 00
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	Phs	61887	16-05-02
<b>RESPONSE FORMALITY REVIEW</b>			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/6/74
2	✓	✓	10/6/74
3	✓	✓	10/6/74
4	✓	✓	10/6/74
5	✓	✓	10/6/74
6	✓	✓	10/6/74
7	✓	✓	10/6/74
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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